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NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

739326

(7)

SOLANA OAKS, INC.

FILED								
May	18	1998	8:00am					
Sec	cret	ary of	State					



Maling Address SUMA OAKS NC. 1001 SOLWA RODA NPLES R. 33990 US 2. Principal Place of Business 2. A Maling Address 2. Maling Address 3. Date Incorporated or Qualified 05/10/1977 4. Fill Number 5. 1826332 2. Principal Place of Business 2. A Maling Address 3. Date Incorporated or Qualified 05/10/1977 4. Fill Number 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Solve Add response 5. Certificate of Status Desired 5. Solve Add response 5. Certificate of Status Desired 5. Solve Add response 5. Certificate of Status Desired 5. Solve Add response 5. Certificate of Status Desired 5. Solve Add response 5. Certificate of Status Desired 5. Solve Add response 5. Certificate of Status Desired 5. Solve Add response 5. Certificate of Status Desired 5. Solve Add response 5. Certificate of Status Desired 5. Solve Add response 5. Certificate of Status Desired 6. Certifica						<u> </u>			
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2. Principal Place of Business 2a. Mailing Address 25 25 25 25 25 25 27 25 27 27						Applied For Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		lace of Business					* • • • • • • • • • • • • • • • • • • •		
Trust Fund Contribution		#, etc.		;,		Election Campaign Financing			
Zip	22				1				
Zip		te City & State							
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## City ## Cit	ACCOUNTING & TAX ASSOCIATES OF NAPLES				Street Address (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and the if applicable InOTE. Registered Agent signature required when rendating) DATE					83				
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indicated on this annual report or supplied with this him globes not quality for the exemption stated in Section 119.07(5)), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the coloporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

Suzanne deClercq NO OFFICER OR DIRECTOR

(941) 262-1874 Daylime Phone # 0060696